

State: District of Columbia **First Filing Company:** Mitsui Sumitomo Insurance Company of America, ...

TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC

Product Name: Declarations - Name Change Revision

Project Name/Number: /WK -DC-5618064 FO

Filing at a Glance

Companies: Mitsui Sumitomo Insurance Company of America
Mitsui Sumitomo Insurance USA Inc.

Product Name: Declarations - Name Change Revision

State: District of Columbia

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0003 Excess WC

Filing Type: Form

Date Submitted: 05/03/2018

SERFF Tr Num: MRTN-131487399

SERFF Status: Closed-APPROVED

State Tr Num:

State Status:

Co Tr Num: WK -DC-5618064 FO

Effective Date: On Approval

Requested (New):

Effective Date: On Approval

Requested (Renewal):

Author(s): Sonja Rodebaugh, Brian Thomas, Robert Goddard, Patricia Pollard

Reviewer(s): John Rielley (primary)

Disposition Date: 05/14/2018

Disposition Status: APPROVED

Effective Date (New): 05/14/2018

Effective Date (Renewal): 05/14/2018

State: District of Columbia **First Filing Company:** Mitsui Sumitomo Insurance Company of America, ...

TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC

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Project Name/Number: /WK-DC-5618064 FO

General Information

Project Name:	Status of Filing in Domicile:
Project Number: WK-DC-5618064 FO	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 05/14/2018	
State Status Changed:	Deemer Date:
Created By: Robert Goddard	Submitted By: Robert Goddard
Corresponding Filing Tracking Number:	

Filing Description:

Attached for your review are Filing Authorization Letters from Mitsui Sumitomo Insurance Company of America ("MSIA") and Mitsui Sumitomo Insurance USA Inc. ("MSU") (hereinafter collectively referred to as "Mitsui Sumitomo") authorizing Martin & Company to submit this filing on their behalf. Please direct all correspondence regarding this filing to Martin & Company.

The declaration page submitted replaces a currently filed form that was revised to reflect current company names and their new logo. It is otherwise identical to the form replaced except for its form number edition date.

See attached comparison of submitted and replaced forms.

Please be advised the form submitted will be system generated and may be formatted differently due to system constraints. The content, however, will remain the same. In the event this form is formatted differently, it will not be refiled unless otherwise requested in response to this filing.

Do not hesitate to contact us if you have any questions or further information is required.

Company and Contact

Filing Contact Information

Robert Goddard, State Filing Analyst	BGoddard@martincompanyus.com
P.O. Box 70	847-793-0404 [Phone]
Edgemont, PA 19028	

State: District of Columbia **First Filing Company:** Mitsui Sumitomo Insurance Company of America, ...

TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC

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Filing Company Information

(This filing was made by a third party - martinandcompany)

Mitsui Sumitomo Insurance Company of America	CoCode: 20362	State of Domicile: New York
15 Independence Boulevard	Group Code: 4715	Company Type: P&C
PO Box 4602	Group Name: MS&AD Insurance Group	State ID Number:
Warren, NJ 07059-0602	FEIN Number: 22-3818012	
(908) 604-2900 ext. [Phone]		

Mitsui Sumitomo Insurance USA Inc.	CoCode: 22551	State of Domicile: New York
15 Independence Boulevard	Group Code: 4715	Company Type: P&C
P.O. Box 4602	Group Name: MS&AD Insurance Group	State ID Number:
Warren, NJ 07059-0602	FEIN Number: 13-3467153	
(908) 604-2900 ext. [Phone]		

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:	MRTN-131487399	State Tracking #:		Company Tracking #:	WK -DC-5618064 FO
State:	District of Columbia	First Filing Company:	Mitsui Sumitomo Insurance Company of America, ...		
TOI/Sub-TOI:	16.0 Workers Compensation/16.0003 Excess WC				
Product Name:	Declarations - Name Change Revision				
Project Name/Number:	/WK -DC-5618064 FO				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	John Rielley	05/14/2018	05/14/2018

State:	District of Columbia	First Filing Company:	Mitsui Sumitomo Insurance Company of America, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0003 Excess WC		
Product Name:	Declarations - Name Change Revision		
Project Name/Number:	/WK -DC-5618064 FO		

Disposition

Disposition Date: 05/14/2018
Effective Date (New): 05/14/2018
Effective Date (Renewal): 05/14/2018
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Readability Certificate		Yes
Supporting Document	Consulting Authorization		Yes
Supporting Document	Copy of Trust Agreement		Yes
Supporting Document	Expedited SERFF Filing Transmittal Form		Yes
Supporting Document	Comparison of Submitted and Replaced Forms		Yes
Supporting Document	Filing Memorandum		Yes
Form	Excess Workers' Compensation and Employers' Liability Declarations	APPROVED	Yes

State:	District of Columbia	First Filing Company:	Mitsui Sumitomo Insurance Company of America, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0003 Excess WC		
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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1	APPROVED 05/14/2018	Excess Workers' Compensation and Employers' Liability Declarations	MS 2001	04 18	DEC	Replaced	Previous Filing Number:			MS 2001 04 18 EXCESS WORKERS COMPENSATIO N AND EMPLOYERS LIABILITY DECLARATIONS .pdf
							Replaced Form Number:	MS 2001 03 02		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

EXCESS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY DECLARATIONS

Insurance is afforded by the company indicated below:

- ☐ **MITSUI SUMITOMO INSURANCE COMPANY OF AMERICA**
☐ **MITSUI SUMITOMO INSURANCE USA INC.**

(each of the above being a capital stock corporation)

Policy Number: _____

1. Named Insured: _____ Address: _____
2. Agent: _____ Address: _____
3. Effective Date of Policy: _____
Expiration Date of Policy: _____
4.
 - a. Workers' Compensation Insurance: Part One of the policy applies to the Insured's obligation under the Workers' Compensation Law of the states listed here:
 - b. Employers' Liability Insurance: Part Two of the policy applies to the Insured's obligation in each state listed in item 4a.
 - c. Other States' Insurance: Part Three of the policy applies to the Insured's obligations in all other states except those listed here:
5. Insured's Retention for each accident or for bodily injury by disease: \$
6. Company's Limit of Indemnity for each accident or for bodily injury by disease:
 - a. Workers' Compensation \$
 - b. Employers' Liability \$
7. The premium for this policy will be determined on the basis of the information shown below, subject to verification and change by audit:

TOTAL ESTIMATED
ANNUAL REMUNERATION

RATE PER \$100
OF REMUNERATION

ESTIMATED
ANNUAL PREMIUM

Total Estimated Annual Premium	\$
Advance Premium For This Policy	\$
Minimum Annual Premium	\$
Interim Policy Adjustment Period	\$

8. Forms Attached To This Policy:

Date: _____ Authorized Representative: _____

State:	District of Columbia	First Filing Company:	Mitsui Sumitomo Insurance Company of America, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0003 Excess WC		
Product Name:	Declarations - Name Change Revision		
Project Name/Number:	/WK -DC-5618064 FO		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	DC readability requirements do not apply to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consulting Authorization
Comments:	See attached filing authorization letters.
Attachment(s):	2018 MSIA Filing Authorization Letter.pdf 2018 MSU Filing Authorization Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable to this filing. There is no group trust.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not applicable. This is not a TRIA 2015 filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Comparison of Submitted and Replaced Forms
Comments:	See attached comparison of submitted and replaced forms.
Attachment(s):	Comparison of Submitted and Replaced Forms.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Filing Memorandum
Comments:	See attached filing memorandum.
Attachment(s):	Filing Memorandum.pdf
Item Status:	

SERFF Tracking #:	MRTN-131487399	State Tracking #:		Company Tracking #:	WK -DC-5618064 FO
State:	District of Columbia	First Filing Company:	Mitsui Sumitomo Insurance Company of America, ...		
TOI/Sub-TOI:	16.0 Workers Compensation/16.0003 Excess WC				
Product Name:	Declarations - Name Change Revision				
Project Name/Number:	/WK -DC-5618064 FO				
Status Date:					



January 3, 2018

Re: Filing Authorization Letter

To Whom It May Concern:

Please accept this filing authorization letter as certification that we hereby authorize Martin & Company to submit rate, rule, and form filings on behalf of Mitsui Sumitomo Insurance Company of America. With respect to these filings, this authorization includes responding to interrogatories and supplying additional information on our behalf as required. This authorization will remain in force and effect until withdrawn in writing, except where prohibited.

All correspondence and inquiries related to filings under this authorization should be directed to the following:

Martin & Company
ATTN: Compliance Division
P.O. Box 70
Edgemont, PA 19028-0070
Phone: 800-896-8000
Fax: 610-325-4405

Should you have any questions or require additional information regarding this authorization, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Michael Daly". The signature is fluid and cursive, with a long, sweeping underline.

Michael Daly
Chief Underwriting Officer
Executive Vice President
Phone: 908-604-2801
E-Mail: MDaly@msigusa.com

**Mitsui Sumitomo Marine Management (U.S.A.), Inc., for
Mitsui Sumitomo Insurance USA Inc.
Mitsui Sumitomo Insurance Company of America
Aioi Nissay Dowa Insurance Company of America**
15 Independence Boulevard, P.O. Box 4602, Warren, NJ 07059-0602
www.msigusa.com

A Member of **MS&AD** INSURANCE GROUP



January 3, 2018

Re: Filing Authorization Letter

To Whom It May Concern:

Please accept this filing authorization letter as certification that we hereby authorize Martin & Company to submit rate, rule, and form filings on behalf of Mitsui Sumitomo Insurance USA Inc. With respect to these filings, this authorization includes responding to interrogatories and supplying additional information on our behalf as required. This authorization will remain in force and effect until withdrawn in writing, except where prohibited.

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Martin & Company
ATTN: Compliance Division
P.O. Box 70
Edgemont, PA 19028-0070
Phone: 800-896-8000
Fax: 610-325-4405

Should you have any questions or require additional information regarding this authorization, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads "Michael Daly".

Michael Daly
Chief Underwriting Officer
Executive Vice President
Phone: 908-604-2801
E-Mail: MDaly@msigusa.com

Mitsui Sumitomo Marine Management (U.S.A.), Inc., for
Mitsui Sumitomo Insurance USA Inc.
Mitsui Sumitomo Insurance Company of America
Aioi Nissay Dowa Insurance Company of America
15 Independence Boulevard, P.O. Box 4602, Warren, NJ 07059-0602
www.msigusa.com

A Member of **INSURANCE GROUP**



EXCESS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY DECLARATIONS

Insurance is afforded by the company indicated below:

- ☐ **mitsui sumitomo insurance company of america**
☐ **mitsui sumitomo insurance usa inc.**

- ☐ ~~**mitsui marine and fire insurance company of america**~~
☐ ~~**sumitomo marine & fire insurance company of america**~~
(each of the above being a capital stock corporation)

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2. Agent: _____ Address: _____
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ANNUAL REMUNERATION

RATE PER \$100
OF REMUNERATION

ESTIMATED
ANNUAL PREMIUM

Total Estimated Annual Premium	\$
Advance Premium For This Policy	\$
Minimum Annual Premium	\$
Interim Policy Adjustment Period	\$

8. Forms Attached To This Policy:

Date: _____ Authorized Representative: _____

MS 2 0 01 ~~04 18 03-02~~



Martin & Company

YOUR PROGRAM BUSINESS PARTNER

4024 West Chester Pike
P.O. Box 70
Edgemont, PA 19028-0070
Office: 610-325-4455 Fax: 610-325-4405
Email: info@martincompanyus.com

Mitsui Sumitomo Insurance Company of America
NAIC #: 20362, FEIN #: 22-3818012
Mitsui Sumitomo Insurance USA Inc.
NAIC #: 22551, FEIN #: 13-3467153

Declarations - Name Change Revision

Filing Memorandum

Attached for your review are Filing Authorization Letters from Mitsui Sumitomo Insurance Company of America ("MSIA") and Mitsui Sumitomo Insurance USA Inc. ("MSU") (hereinafter collectively referred to as "Mitsui Sumitomo") authorizing Martin & Company to submit this filing on their behalf. Please direct all correspondence regarding this filing to Martin & Company.

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www.martincompanyus.com

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Actuarial Consulting • State Filing Services • Publications